

**Department of Licensing and Regulatory Affairs
Bureau of Fire Services
STATE FIRE MARSHAL – FATAL FIRE REPORT**

Fire Department:	TX:	FDID:
	Fax:	
Name of Contact Person:	TX:	Incident #:
	Fax:	
Police Department:	TX:	ORI#
	Fax:	
Name of Contact Person:	TX:	Incident #
	Fax:	

Date of Fire:	Day of Fire:	Time of Fire:	
Address Where Fire Occurred:	City:	Township:	County:
Property Involved: Residential Commercial Vehicle Other (Explain):			
Type: Manufactured Single Duplex Apartment Multiple Mobile Home Other (explain): One Story Two Story Other			
Smoke Detector: Y N Battery Hard Wired Operational: Y N Unknown			
Cause of Fire: Accidental Arson Undetermined			
Name of Victim:	Gender: M F	Date of Birth:	
	Race:		
Autopsy Requested By:	Department:	Location:	TX:
Autopsy Performed By:	Department:	Location:	TX:
X-Rays Taken: Yes No	Drug Screen: Yes No	CO % :	BAC % :
Cause of Death:			
Factors Affecting Ability to Escape:			
Form Completed By:			Date:

You May Reproduce/Use Additional Sheets as Necessary

Please Return Form to:
 Department of Licensing and Regulatory Affairs
 Bureau of Fire Services
 PO Box 30700
 Lansing, MI 48909
 Ph. 517-241-8847 Fax: 517-332-1427
nfirs@michigan.gov